

CITY OF TORONTO
DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH
PROGRAM FOR LOW-INCOME GROUPS

July 11, 1983

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To: Local Board of Health

Subject: Department of Public Health Programs for Low-Income Groups - A Review Based on Recommendation 3 of "The Unequal Society: A Challenge to Public Health"

Origin: Local Board of Health, March 15, 1983
(c34hlth83071:123)

Comments:

At its meeting on March 15, 1983, the Local Board of Health had before it a joint report (March 3, 1983) from the Commissioner of Planning and Development and the Medical Officer of Health, entitled The Unequal Society: A Challenge to Public Health.

Recommendation #3 of the foregoing report recommended:

"That the Medical Officer of health report on current programs and future plans for serving the health needs of low-income Torontonians, with a view to preventing the following conditions: inadequate nutrition; inadequate housing; environmental hazards; family violence; unemployment-related morbidity; occupational health risks; and inadequate access to health and social services, with an interim report being submitted by the Medical Officer of Health in three months."

Attached, is a report on Department of Public Health programs for low-income groups.

Recommendation:

That the Local Board of Health endorse the recommendations contained within the attached report.

A.S. Macpherson

EP:jt

A.S. Macpherson, M.D., M.Sc.
Medical Officer of Health

CITY OF TORONTO
DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH PROGRAMS FOR LOW-INCOME GROUPS

A Review Based on Recommendation 3
of the report

"The Unequal Society: A Challenge To Public Health"

July 1983

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INTRODUCTION

This report has been prepared in response to recommendation 3 of The Unequal Society : A Challenge to Public Health, adopted, as amended, by the Local Board of Health on March 3rd, 1983, and which reads as follows:

That the Medical Officer of Health report on current programs and future plans for serving the health needs of low-income Torontonians, with a view to preventing the following conditions:

- inadequate nutrition
- inadequate housing
- environmental hazards
- family violence
- unemployment-related morbidity
- occupational health risks and
- inadequate access to health and social services

Methodology

The method used to obtain the information was a non-random questionnaire completed through personal interviews with several Central Resources and Health Area management and staff. The questionnaire used multiple choice and open-ended questions to elicit data on the following topics:

- * The problems identified by recommendation 3 which are addressed by existing or planned Department of Public Health programs.
- * The manner in which the programs act to prevent or provide early intervention into the problems identified by recommendation 3.
- * The mode of delivery of the programs (for example, one-to-one, group educational, mass media, etc.).
- * The proportion of low-income participation in the programs.
- * Future plans for current or new programs.

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Sixty-two questionnaires were completed providing both specific and representative information from the four Health Areas and the four Central Resources Sections. The survey was neither exhaustive nor scientific and did not include a formal evaluation section to assess the relative success of a program in meeting its stated objectives. The survey was intended to provide descriptive information on the Department of Public Health activities which pertained to the needs of low-income persons.

The difficulty of articulating a definition of low income was discussed in The Unequal Society: A Challenge to Public Health, (pages 4 to 6). The questionnaires for this report on Recommendation 3 did not use an objective measure of low income partially because income information is unknown by, or inaccessible to, Department of Public Health staff engaged in program delivery. This report, instead, relies on the subjective perception of staff that certain or all program participants may be low-income.

Management and staff who participated in the survey were generous with their time and comments. Frequently, both they and the authors of this report found that the interviews provided a thought-provoking opportunity to consider the relative strength or weakness of Department of Public Health programs in reaching low-income persons.

Organization of the Report

All Department of Public Health programs, in theory, are accessible to low-income groups. There are, however, few Department of Public Health programs specifically intended for these groups. Furthermore, ambiguity in the word program led us to consider it in broad terms, that is, any relevant activity by Department of Public Health staff. These activities are numerous and difficult to categorize. For example, the Western Health Area lists 96 different program activities under "Environmental Health," "Personal Health Services," and "Preventive Clinical Services." To the extent that Department of Public Health activities bring staff into contact with low-income groups, the mode of delivery is tailored to meet their specific needs.

The questionnaire survey findings have been summarized in the body of this report under the problem headings listed in recommendation 3. Examples of major or representative programs and activities are cited. Placement of these programs under the problem headings is somewhat arbitrary because many programs deal simultaneously with several problems. A separate section titled "Community Development

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and Social Change Strategies" contains descriptions of those programs or activities engaged in by Department of Public Health staff that consider simultaneously all of the seven problems identified in recommendation 3 above.

General Finding of the Report

The general finding of the survey can be summarized as follows:

Department of Public Health staff are aware of many of the problems of the poor and, on an individual one-to-one basis, attempt to provide whatever counselling, information and individualized advocacy they can. Relatively few of the programs or activities deal with the structural context of poverty described at some length in The Unequal Society: A Challenge to Public Health (pages 3 to 6 and 11 to 18).

It is important to note, however, that the Department of Public Health has recently established City-wide priorities for future programs based upon the Departmental Programs Policy Paper received by the Local Board of Health, November 23rd, 1982, and revised February 18th, 1983. The Departmental Programs Policy Paper states in part that "the second principle (of Public Health) is that of social justice which requires that we seek the greatest health for the greatest number, that we protect citizens that are at the highest risk for ill health, and that we act to remove the constraints which prevent individuals from obtaining a higher level of health. We can be healthy only in a healthy society." (p.4) The Departmental Programs Policy Paper reiterates this point when it states that one of "four broad responsibilities in the area of community care and support (is) to seek to create a more caring and supporting society through advocating for better and more coordinated services and a better social structure." (p.39) Furthermore, the fourth criterion for departmental programs is identified as "programs directed at high risk population" which would include all low-income Torontonians (p.29).

II INADEQUATE NOURISHMENT

The Department of Public Health has the advantage of having three well-qualified nutritionists on staff who act as front line service providers and three more who act as consultants to the Public Health Nurses. Although the nutrition education given by the departmental staff is for people of all socioeconomic levels and all ages the manner of

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presentation and the content are geared to the clients' needs. Several innovative and highly utilized programs are directed towards low-income people.

Pre and Postnatal Programs

All prenatal classes which are coordinated by the Parent/Child Health Consultant, are offered on a sliding fee scale. Three prenatal classes in particular are devoted to low-income groups:

- * refugees from Southeast Asia and China (courses given in Chinese language)
- * single women
- * teenage women in maternity homes

The major objective of the prenatal program is to encourage individual lifestyle change in order to ensure a healthy pregnancy, delivery and postnatal period. Prevention of inadequate nutrition for the developing foetus, the mother and the newborn are major foci. In addition, the group educational sessions may uncover significant structural problems (e.g., inadequate housing, unemployment-related morbidity, etc.) and lead to discussion of means to achieve social change.

Healthiest Babies Possible

An historic Department of Public Health concern is that low-income persons often do not make use of regular services. In particular, there is a large number of poor, high-risk pregnant women who do not attend prenatal classes. This may be due partly to negative experiences which they had with schools or other government institutions.

Healthiest Babies Possible, a City-wide program which began as a pilot project in 1979 and gained permanent status in 1981, was designed to reach out to these women on an individual basis in their homes. It specifically focusses on many of the problems identified in recommendation 3. Over 95% of the women involved in this program, numbering over 320 in 1982, are low-income and 50% are single. This program, like other prenatal activities, addresses individual health practices but also, due to the participants' demographic make-up, concerns itself with advocacy and community development. Food availability, unemployment and access to services are focal issues of the

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healthiest Babies Possible program. There is also a recent thrust toward linking women who have repeat high-risk pregnancies into a support group which may take on a self-advocacy role.

Programs Directed to Elderly People

Elderly people are particularly susceptible to inadequate nourishment if, for example, their income is restricted to a government pension; they are isolated socially; reasonably priced, good quality food is not accessible; or cooking, storage of food, or mobility are problems. Public Health Nurses, Community Health Officers and Nutritionists on staff are addressing these problems, using both individual and social change strategies.

Staff participate on boards or committees of services to the elderly which provide shopping, housekeeping and transportation (e.g., Meals-On-Wheels, West Metro Senior Citizens Service). Staff are also engaged in attempts to close gaps in neighbourhoods where these services and affordable shopping are limited (i.e. Community Health Officers in the Northern Health Area are working with service providers to build services in Ward 5). Public Health Nurses frequently lead educational sessions about nutrition and cooking in elderly persons' housing and recreation complexes. Community development strategies support projects such as the Supermarket Co-op in the Eastern Health Area (initiated by the Department of Public Health's former Health Advocacy Unit and carried through by the Community Health Officer in the Eastern Health Area) and a Food Cooperative and Communal Kitchen in Pelham Park's Ontario Housing building where many elders live.

Outreach Through the Ethnic Community

A pilot project is underway concerned mainly with information sharing to the black community via "SHARE", a broadly circulated newspaper, with a focus on Departmental staff producing articles about parenting. Future plans include: authoring nutrition-related articles; pre-natal nutrition; feeding infants; and food choices for young children such as breakfasts, snacks and lunches. "SHARE" has a readership of 30,000 people and reaches many persons in low-income brackets.

There are plans to extend this educational media-prevention strategy to other ethnic publications (up to 40 separate newspapers) and to cover a wide range of topics including

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information about available Department of Public Health services.

The Food Issues Group

Early in 1983 the Department of Public Health learned of increased community concerns about the difficulty poor persons have in affording nourishing food. As a result, the Department's Social Environment Group spearheaded a coalition of service providers who are planning to broaden their base in order to work toward the long-range goal of ensuring that all Torontonians have access to affordable nutritious food. Work groups have been formed to:

- * collect data and information to substantiate the problem
- * raise public and government awareness
- * ensure that low-income people have access to affordable nutritious food
- * advocate for increased government allowance levels

The Food Issues Group is cooperating with the Daily Bread Food Bank in this work.

III INADEQUATE HOUSING

In response to the need for affordable housing certain of the Department's staff have engaged in specific housing projects.

Existing

As an interim measure in the winter of 1982-83 staff informed homeless people of emergency shelters and other resources available. People requiring such assistance are often unemployed and destitute. Many people de-institutionalized from psychiatric facilities, for example, have difficulty obtaining adequate accommodation. Some assistance is offered by Public Health Nurses to those in the hostels. In the program offered by the Western Health Area at the Salvation Army Women's Hostel (where problems range from family violence to unwanted pregnancies) there are plans to extend the educational group sessions

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(currently provided for transient residents) to include permanent residents.

As a broader measure the Social Environment group composed of Community Health Officers and Central Resources staff members is currently preparing a report which analyzes the housing crisis and the role of the Department of Public Health in improving conditions within the City.

There are also area-specific projects attempting to find a solution. Several staff, for example, are involved with the East Toronto Housing Issues Committee (ETHIC), an interagency group which is addressing the problems specific to east Toronto. The supply of affordable housing is considered to be "critically inadequate" and ETHIC intends to assume an advocacy role by raising community awareness about the issue and exposing particular housing problems.

In the Northern and Eastern Health Areas, staff have supported the development of housing options for elderly people, e.g., HINTS (Housing in North Toronto for Seniors).

Planned

Many of the teenaged mothers using the drop-in facilities of JESSIE'S during the day are without decent accommodation. In response to this problem JESSIE'S is working to establish an overnight residence program.

IV ENVIRONMENTAL HAZARDS

Two environmental programs relevant to low-income persons are the Lead Screening Program in the Eastern Health Area and the Junction Triangle Health Status Study in the Western Health Area. The Lead Screening Study is geared to early detection of hazardous lead exposure in a relatively low-income part of the City. The Junction Triangle Study was requested by community members who reportedly regard the Department as a strong ally despite their disappointment with other government bodies. Both studies affect low-income persons who comprise the majority of residents in these areas. These projects may present an opportunity for an expanded Department role in advocacy towards regulatory change, if required.

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V FAMILY VIOLENCE

Recent studies have disproved the myth that family violence occurs primarily in the low socioeconomic groups. The questionnaire respondents and authors of this report do not wish to perpetuate this stereotype and were hesitant to link family violence to poverty.

Staff members of the Department of Public Health have been involved with various task forces and commissions dealing with violence at all income levels. For example, in response to the First Report on Family Violence: Wife Battering (released November 1982, by the Standing Committee on Social Development) the Social Environment Group submitted to the Local Board of Health their endorsement of the document with suggested modifications. The Department's Health Advocate is a member of the "Metropolitan Police Task Force on Violence Against Women and Children." Pornography is seen as a contributing factor in the violent victimization of these groups and recommendations included legal reform with corresponding regulation of the advertising industry.

Public Health Nurses encounter varying degrees of poor parenting and child abuse and are in a position to improve parental interactions and parenting skills. Primary prevention of child abuse begins with Planning For Pregnancy and Prenatal classes and continues through to the day nurseries and schools. In the latter settings, there is an emphasis on early detection of high risk behavioural or developmental problems in children.

It is well documented that single, unemployed mothers are frequently vulnerable to isolation and depression. Recognizing the need for social interaction, Department of Public Health staff are affiliated with several drop-in centres where mothers can bring their children, meet with other women in similar circumstances and air common problems. The primary goals of these centres are to provide emotional support and promote positive parental relationships. Examples of such programs include the River Oak Parent Child Centre (Downtown Health Area), the Cavell Parent Drop-In Centre and the Applegrove Parent Child Drop-In Centre (Eastern Health Area).

JESSIE'S is unique in that its drop-in centre is specifically for mothers or pregnant women under the age of 19. In attempting to remove social and economic obstacles to well-being, JESSIE'S advocates for better housing, food cooperatives, legal changes pertaining to the new Children's Act and other broad-based reforms.

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Parents Helping Parents is a new Departmental program of counselling and educational services that is to be offered to parents by their peers (low-income mothers). The project will commence in July 1983, and will involve the training of seven parent educators -- 2 Anglophones, 1 Chinese, 1 East Indian, 1 Native Canadian, 1 Jamaican, and 1 Portuguese, who will each train 8 - 10 of their peers who have young babies. Prevention of family violence, improving access to services, and optimal development of the children are main goals of this innovative pilot program. Although the program at this stage is not designed to address social change issues per se it does allow for the community and cultural involvement necessary for community development. By focussing on peer group self-help the program provides an opportunity for people to discover the power of cooperating towards a common goal.

VI UNEMPLOYMENT-RELATED MORBIDITY

Programs that have unemployed persons as one of their primary target populations may be considered relevant to the problem of unemployment-related morbidity. Examples of such programs would include:

- * the Salvation Army Women's Hostel educational sessions
- * Healthiest Babies Possible
- * JESSIE'S
- * many of the parenting programs
- * the Food Issues Group
- * various community outreach activities

The Disabled Teens' Conference is, in part, attempting to prevent unemployment amongst disabled people by discussing job-seeking strategies. Mental health programs also include staff assisting clientele in seeking jobs and in alleviating the health problems brought on by unemployment.

The Northern Health Area undertook a survey, "Community Perceptions of Health Problems", based on the Northern and Eastern Health Area priority reports. This survey identified unemployment as the number one health problem, and raised the question of what should be the role of the Department of Public Health in job creation.

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These programs, however, do not prevent the stress created by unemployment which leads to a variety of health-related problems (see The Unequal Society: A Challenge to Public Health, pages 18 and 19). Community development programs are potentially more effective in reducing such stress to the extent that they are successful in aiding unemployed persons to become active in expressing their shared concern and in engaging in social advocacy for improved employment strategies.

One example of this approach is underway in the Eastern Health Area. The Eastern Health Area Community Advisory Board is currently undertaking a year-long study which will research information on all aspects of poverty and health pertinent to that Area, including the problem of unemployment. This project involves contact with all other related agencies and community groups in eastern Toronto and will provide the foundation for future Community Advisory Board strategies.

The Pre-Retirement Program is working toward prevention of morbidity related to retirement which, for many older persons, comprises a form of "forced" unemployment. Public Health Nurses and Nutritionists, in cooperation with business, consulting agencies, governments, churches and libraries, provide educational sessions concerning the physiology of aging, exercise and fitness, nutrition, sexuality, alcohol and tobacco use, and stress reduction. These sessions also aim to improve accessibility to services for older people by informing them of community resources.

One of the concerns of The Unequal Society: A Challenge to Public Health was the need to obtain more data on low-income and unemployed Torontonians and their particular problems (Recommendation 1). Data on all income groups are maintained by the Department of Public Health's Health Information Section using census tracts and mortality as the inputs. These data have shown that residents in low-income areas (particularly those with a large proportion of unemployment, ethnic groups and/or single parents) experience a greater mortality rate. Future plans are to refine data collection to include information on health status as it relates to housing and income. A second project of the Health Information Section is a health survey that will obtain information on income levels, health status, employment status, occupation, ethnicity and other characteristics that will allow better identification of those Torontonians whose health is affected by their socioeconomic standing.

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VII OCCUPATIONAL HEALTH RISKS

Two Eastern Health Area projects are concerned primarily with occupational health risks. One project is developing information materials and will conduct educational sessions in small industries (notably auto repair shops) which are generally excluded from provincial programs. Plans include City-wide expansion and lobbying for changes in provincial legislation. Though many of the workers who may benefit are not low-income, 30% to 40% are "working poor." A second effort, already complete, provided an inventory of chemical hazards and the method used for storage and disposal. Plant managers or appropriate regulatory agencies were notified when conditions were found to be inadequate.

The City-wide VDT Outreach Program addresses the occupational hazards associated with video display terminals and is expanding to encompass a broad range of health issues related to office work, for example, indoor air pollution, photocopy machines and ergonomics (the relation of work place design to the worker). At least half of the participants in the workshops are women who receive low wages.

This program, which benefits primarily working women who, despite their employment, are often low-income, underscores a point made by several questionnaire respondents. Programs which currently exist for low-income groups apply primarily to those on some form of state assistance or subsidy. Yet it is becoming increasingly clear that many working people, particularly those unrepresented by unions and earning the minimum wage or slightly above, live well below the poverty line. Most of these people are either women or immigrants and the Department of Public Health may find it necessary to do more outreach to these groups.

One example of such outreach is the Immigrant Women's Health Project, initiated jointly by the Immigrant Women's Centre and the former Health Advocacy Unit. It is now under the direction of the Downtown Health Area. A mobile unit will be operational in the near future and will provide immigrant women who work at factories with health information and counselling at their workplace. These women often have no time in the evening to seek out health care.

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VIII INADEQUATE ACCESS TO HEALTH AND SOCIAL SERVICES

Information

The Department of Public Health runs programs to inform the public of its health services and policies. These take the form of shopping mall displays, television interviews, health fairs and presentations on Public Health in the 1980's. To the degree that these publicity undertakings reach low-income persons they are helping to improve access to health and social services. The Eastern Health Area presentations on Public Health in the 1980's, for example, reached an audience which is two-thirds low-income. Several staff have also contributed articles on healthy living in City health programs to SHARE, a 30,000 circulation newspaper, reaching the City's black community.

Finally, and importantly, a considerable proportion of the work of Public Health Nurses involves sharing information about community resources with individuals and community groups.

Direct Service

There are many programs offered on a City-wide basis either by Central Resources staff, or more commonly by Area staff with assistance from Central Resources in planning and coordination, that alleviate the problems of inadequate access. Examples of such programs include:

- * home visiting
- * school health
- * communicable disease control
- * sexuality and family planning counselling
- * nutrition counselling
- * dental health
- * mental health

This list, while not comprehensive, does allow some generalizations to be made.

First, most of these programs are intended for persons of all levels of income although many of them report having a higher proportion of low-income users. This is particularly

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so in the case of home visits (which tend to put the nurse in contact with a large number of individuals and families) due to the greater needs of low-income persons. It is also true with the various clinics, because they offer free services (no OHIP required), drugs and dental work and because their location and hours may be more amenable to low-income persons than are general practitioners' offices. The Hearing Conservation Centre, for example, is open one evening a month with 100% attendance, whereas the day sessions receive only 50% compliance. Some questionnaire respondents noted that there is some need to alter hours or increase staff to improve user accessibility and quality of service.

Second, these programs fill an important gap in the supply of necessary health and medical services to the poor, including at times individualized advocacy in order to assist the clients in their passage through the social service network. Their major emphases are in the areas of screening, assessment or diagnosis, early intervention, crisis management and referral as required. This focus on prevention and treatment of specific diseases is intricately linked with education geared to improving personal lifestyle.

Third, all these programs involve cooperation or cross-referral with many other service agencies. The Hong Fook Mental Health Project, with which the Department of Public Health is involved, provides a good example. Besides offering mental health programs in the appropriate language to the Chinese and Southeast Asian immigrant community, the project provides a link between its target population and all other helping agencies.

There are also several programs for people with disabilities in which staff participate. Some examples are:

- * the Adult Protective Services program for mentally handicapped adults
- * the Wheel-Trans program, whereby Public Health Nurses do assessment interviews for people with physical disabilities who cannot use regular public transit

The Medical Officer of Health, management and staff have also been advocates for the development of comprehensive, neighbourhood-based services for the elderly. They have worked with other planners, government departments and community services in order to reduce gaps in service and prevent unnecessary institutionalization.

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These programs work to increase access not only to health and social services but to the community as a whole. They also reduce environmental hazards encountered by those with disabilities, for example, people in wheelchairs or with vision impairment, and increase possibilities for employment and facilitate social integration.

The Department of Public Health is also involved in planning for the Third Annual Disabled Teens Conference where issues related to independent living, such as inadequate housing and availability of accessible services, will be discussed.

Planned

The Department of Public Health is planning to promote opportunities for small groups of low-income persons with common problems to come together and work cooperatively towards solutions. The "It's Just Your Nerves" kit (prepared by Health and Welfare of Canada), for example, will be utilized by staffs of small groups of women who have problems with alcohol and tranquilizer use. Issues likely to arise include the politics of the drug industry, iatrogenesis and feminist concerns related to housework and increasing female unemployment. "In Our Own Homes" and "These Old Ones: Aging in Canada and China" are two slide/tape shows produced by a local group of older people, and are available to generate discussion around issues affecting elders, many of whom are living below the poverty line. These programs do not increase access to existing services as much as provide a forum where existing shortcomings and change strategies can be discussed.

IX COMMUNITY DEVELOPMENT AND SOCIAL CHANGE STRATEGIES

Community development strategies can serve to empower poor people and enable them to advocate social change. Many of the efforts being made in this direction by Department of Public Health staff are concerned with ethnic communities. Community Health Officers play a major role. Examples include:

- * Community outreach to West Indians who have mental health problems in the Northern Health Area. People are matched with advocate volunteers who assist with their re-integration into the neighbourhood.

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- * Hillcrest district's Ontario Housing Development, Pelham Park. Residents in this housing project are predominantly elderly eastern Europeans, younger West Indian and East Indian families, and disabled adults, all of whom appear to be ghettoized. Departmental staff have worked closely with the local agencies, churches and community leaders, developing a multifaceted approach aimed at facilitating residents in reaching their own cooperative solutions to the problems which they have identified. Examples of resident projects include formation of the Residents' Association, the Food Cooperative, a Friendship Club and a Cooperative Kitchen for cooking and eating together and for sharing food ideas and resources.
- * the Southeast Asian community worker is actively engaged in consultations with the Southeast Asian community. Programs which develop will address many of the problems identified in Recommendation 3.
- * the Department recently conducted a Health and Culture Workshop - May 13, 1983, that sensitized 236 health professionals to ethnocultural health issues. This workshop outlined the need for sociopolitical changes that will improve the health of ethnic communities.
- * the Northern Health Area has just completed a detailed "Community Development Strategy" paper spanning the years 1983-1987.

Community development, in sum, entails working with a variety of community groups to build a strong base from which advocacy for change can be made. It is crucial to any form of community development that citizens be allowed to assert their priorities and utilize power to develop a program or association that is tailored to the need that they have defined.

The Department of Public Health cannot plan or engage in a social change strategy in isolation from the range of other community-based organizations and groups which are advocating improved living conditions and service delivery. To this end staff are involved in, among others:

- * a social policy network with the Planning and Development Department at City Hall. Housing and

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access to services for the elderly have been recent discussion issues

- * a Mental Health Centre, Community Inn, which provides service for Northern Health Area residents (2 staff are on the Board of Directors and a Community Health Officer is the chairperson)
- * West Metro Senior Citizens Service where a Mental Health Nurse is on the Board
- * a City-wide Portuguese inter-agency network which is working toward establishing comprehensive services for that particular ethnic community, the specific initial focus on drinking and drug use
- * a City-wide multicultural health network at which professionals meet monthly to share information, resources and concerns related to health delivery to immigrants
- * several staff education seminars on community development techniques have been presented by John McKnight, from the Centre for Urban Affairs at Northwestern University, who developed the "Health Action Model" in 1981.

This type of involvement provides a forum for important information exchange among the Department of Public Health, community people and other agencies.

X CONCLUSION

At the level of one-to-one intervention (individualized counselling, lifestyle change, personal advocacy, education, program outreach, and so forth) the Department of Public Health offers an extensive branch of programs and services. Few of these are specifically designed for low-income groups although the poor tend to make considerable use of many of them in part because of the greater health problems they encounter and the absence of program costs. Even when the programs of necessity become tailored to better meet the needs of the poor, problems of under-utilization and insufficient staff or resources remain.

More important, the casework demands and individualized nature of these programs restricts the time that could be spent advocating those legal and political changes that would truly begin to prevent the problems itemized in

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recommendation 3 of The Unequal Society: A Challenge to Public Health.

RECOMMENDATIONS

1. That the Department of Public Health continue to increase its efforts in community development and expand its participation in, and support for, community organizations engaged in social advocacy on behalf of low-income groups.
2. That the Department of Public Health continue to work closely with community organizations and other government agencies involved with low-income groups when developing new programs to better meet the needs of low-income persons.
3. That the Department of Public Health continue to provide staff educational seminars on community planning models and social change strategies, including program development and implementation, as it pertains to local problems.

NOTE: Local Board of Health members and Departmental staff wishing information on specific programs surveyed should contact either Ronald Labonte, Community Health Educator (947-7450) or Sherril Barton-Schmidt, Rehabilitation and Adult Health Consultant (947-7452).

